QUALITY CONTROL OF MEDICAL TREATMENT INFORMATION DISCLOSURE THROUGH THE LENS OF PHYSICIANS

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Abstract

The disclosure of medical treatment information has been an ongoing medical ethics conflict between physicians and patients. This research focuses on the quality control of how physicians should disclose medical treatment information – should they obey the law governing medical negligence or follow their own best judgement? Therefore, the main objective of this research is to investigate how a physician should disclose medical treatment information to their patients based on their point of view. This research used in-depth interviews of three physicians from different medical fields. They were required to provide their opinions concerning the disclosure of medical treatment information. The interview data were analysed and presented to compare their opinions regarding this issue. Based on the analysis, all physicians have different styles and approaches in disclosing medical treatment information, where several factors such as personalities, formal education on the topic discussed and years of experience contributed to their opinions and perceptions. This research highlights that physicians have different ways in disclosing medical treatment information with the aim to deliver the correct information in a timely manner.

Keywords: Quality Control, Medical Disclosure, Treatment Information, Physicians

Introduction

An adequate disclosure of medical treatment information requires a patient's informed consent. According to Sil and Das (1), an informed consent is a voluntary agreement by a person or a patient's proxy, such as parents, after being informed of the purpose, procedures, benefits and risks of a treatment. It is necessary for physicians to acquire a mutual understanding from their patients with regards to the proposed treatment (2). Physicians need to understand and answer specific questions posed by their patient in order to build upon their patient's trust (3 – 5).

It is the physician's responsibility during the decision-making process to ensure that their patients understand the proposed treatment (6). It may be difficult for physicians to strike a balance between how much information should be provided to a patient (7). Discussing medical treatment information is a difficult task to accomplish for both patients and physicians because there are few challenges such as gaps in the physician's knowledge about the pertinent risks, uncertainty about how much and what kind of information needs to be communicated, and difficulties in communicating the required information in a manner that is clearly understood by the patient (8).

According to Netsey-Afedo et al. (9), shared decision making involves a patient to actively participate with their physician to make the right decision about their treatment plan. Patients must have adequate information if they want to significantly partake in decision making while physicians play a key role in terms of guiding this process (7). A research finding had stated that a physician's experience is one of the information that should not be disclosed to a patient (10). However, this type of information is important for patients to trust their physicians. Hs and Rashid (11) also stated that physicians are faced with great challenges on whether to follow the legal guidelines governing medical treatment disclosure, or to gain their patient's trust by disclosing all required information.

In medical law, an outline of the amount of information that can be given to a patient and the information that should not be disclosed to them are readily available as a reference (10). The information is required to be disclosed by law are only based on medical cases that occurred

previously (12). However, it still remains to be determined whether disclosing this information is suffice for a physician to convince their patient to proceed with a proposed treatment that is beneficial to them. This research focused on the available standard of medical treatment information, which physicians must disclose in order to obtain informed consent based on their perspective.

Materials and Methods

The present study was conducted to investigate the methods by which physicians disclose medical treatment information to their patients. This quality control is essential to identify the kaleidoscope of various personalities and experiences of physicians that contributed to their style in disclosing medical information. The main purpose of this research is to develop a general understanding regarding the type and range of information that a physician should disclose to their patients after taking into consideration their legal position in medical law.

This research utilises qualitative research methodologies. In-depth interviews were conducted to gather the required research data. Semi-structured interview questions were used, consisting of several key questions that help to define the area of study, as well as enabling the interviewer or interviewee to diverge the required information in order to pursue an idea or response in much more detail (13). Qualitative methods provide a much deeper understanding of the treatment information. The flexibility of this approach allows for the unearthing of more detailed information and insights from the physicians and it is an appropriate method for exploring sensitive topics in the medical field.

The physicians are from three university-based medical centres. These physicians were selected randomly amongst the faculty members who are actively involved in medical practice and have had at least five years of medical experience. To gain more information on the study topic, the physicians were chosen across different fields and different specialties, which are maxillofacial, otorhinolaryngology and cardiothoracic surgery. These were among the most critical medical areas which require clear and detailed communication with patients before any treatment (14). Hence, a comparison of their opinion can be drawn.

Results

This section contains simple content analysis to provide a more comprehensive data pool as the questions vary according to the conditions of the interview. This section also focused on the perceptions of three physicians' and their opinions, which revolved around the questions drafted.

The physicians will be named as Physician A, B and C. The background of the physicians is shown in Table 1.

Table 1: Demographic of physicians

	Physician A	**Physician B**	**Physician C**
Field	Maxillofacial surgery	Otorhinolaryngology surgery	Cardiothoracic surgery
Years of Experience	9	9	11

Definition of Risk

Physician A defined risk as anything that causes harm to the patient which can occur before, during or after the course of treatment. Physician B stated that risks are conditions that patients will be subjected to during the course of the treatment, which will affect the health or cause any harm. Conversely, Physician C defined risk as an unexpected event that occurred during a treatment and could cause complications to a patient. Here, each physician has provided different definitions of risk.

The Training of Disclosing Medical Treatment Information

Both physicians A and C received education on how to disclose medical treatment information during their formal education at medical school in third and fourth year, respectively. Physician B, however, was not formally taught on how to disclose medical treatment information; the experience was acquired indirectly through courses he took. There are different backgrounds between the physicians on the training of disclosing medical treatment information.

Treatment Procedure Explanation

For Physician A, the treatment procedure was disclosed openly to the patient. If the treatment involved important procedures or was deemed too risky, the procedure was disclosed in specific terms. This was the same for both Physician B and C. However, Physician B will only explain the procedures specifically if there was sufficient time to discuss the treatment. Overall, all three physicians would explain the treatment procedure in specifics to their patients.

Standard in Disclosing Medical Treatment Information

All physicians stated there was no such practice to be followed in disclosing medical treatment information. Physician A provided an ethical view on the matter and was inclined to disclose all possible risks to the patient – the risks of the treatment, the advantages and implicationd if

they did not proceed with a treatment. The pros and cons for each treatment should be disclosed to the patient to provide a full understanding. Physician A also indicated that a physician should make the decision based on their past experiences in treating the disease.

Physician B used to provide his patients with extra information related to a particular treatment. After years of experience, he began to realise that,

> *"What is important to the patient and what is needed by them are two different things"*.

He insisted that if the risk was too low, it can be negligible. He thinks that the information disclosed should be based on the patient's needs such as the high rate of success, instead of the side effects of the proposed treatment. This would prevent any panic or confusion and a physician should not be too amateurish in terms of disclosing even simple risks.

Physician C merely stated that all information should be divulged to the patient, because they have the right to know.

Information that should not be disclosed

All physicians stated there is no information that should not be disclosed to their patients. They agreed that it is important to disclose every possible risks, provide information on every alternative treatment and explain the procedures even if it may alarm their patients.

Nevertheless, Physician C argued that the personal background of studies or experiences should not be disclosed. This may affect a patient's views and trust, which may suggest that their physician was not capable of treating them and results in additional doubt regarding their physician's credibility.

Rarely-happened Risk Disclosure

Physician B takes the view of therapeutic privilege. In his opinion, the patient may be alarmed if the physician tells them about that risk, which is too low and negligible. In order to avoid confusion, the physician should not be too amateurish to disclose simple risks such as swelling or nausea to the patient.

Compared to Physician B, physicians A and C took a different approach by considering the rationality of the patient. The physician must reveal all the relevant facts as to what they intend to perform. It is not up to them to determine what the patient should or should not know. According to them, every risk still needs to be considered and discussed with their patient as they value their patient's life. Thus, this is why they preferred to disclose such rare risks to their patients.

Low-successful Rate Treatment

Physician A believes in proposing a particular treatment although the chance of recovery for the patient is low. He will do everything to save his patient. While he tries to convince his patient on the option at hand, this depends on his patient's willingness to accept the treatment. In contradiction to Physician A, Physician B will only propose a low-successful rate treatment based on the patient's condition. He suggested that if the patient is young and still has a long life to live, he will propose a low-successful rate treatment in order to save them but if the treatment is detrimental to the patient, he will refuse to disclose it. Physician B believed that it is far better to let them live happily rather than to let them die subsequent to the treatment. As for Physician C, he would give his patient freedom to choose after proposing that particular treatment. Hence, physicians A and C will allow the patient to make the final call but all three physicians will propose the low-successful rate treatment.

Complications during Treatment

Physician A responded by stating that he can never go against the informed consent unless unexpected complications occur. Physicians B and C stated that all unexpected complications should be predicted by the physician, and should be included in the informed consent. In retrospect, all three physicians agreed that if there was a need to perform additional procedures which were not included in the informed consent, they will continue the treatment if it is the only way to save a patient's life at that particular time.

If the complications are not too severe, Physician A stated that he will wait for the patient to regain consciousness, in order to obtain a new informed consent, while Physician B suggested that he will proceed with the treatment without the new informed consent and the unexpected complications will be informed later. Physician C took a different approach, by stating that he would obtain the necessary consent from the patient's heir instead.

The similarities and differences of their points of view are summarized with respect to the themes in Table 2.

Discussion

Risk in the medical context is referred to as material risk (15). According to Yek et al. (16), material risk is defined as a significant potential of harm that a reasonable person would want to consider when making a decision prior to undergoing a treatment. As a summary of the provided feedback, it can be assumed that physicians' decisions in disclosing the risks of a treatment are highly dependent on how they define a risk. Physician C provided a much more general definition, whereas Physician B focused on the associated risks during a medical procedure. The most complete definition of risk was given by Physician A, who took into account the conditions before, during and after treatment.

It is pertinent to note whether the physician has been trained or taught in specific way in disclosing medical treatment information. If the handling of medical

Table 2: Points of view of three physicians with respect to the themes

Theme	**Physician A**	**Physician B**	**Physician C**
Definition of risk	Anything that causes harm to the patient which can occur before, during or after the course of treatment	Conditions that patient will be subjected to during the course of the treatment, which will affect the health or cause any harm	Unexpected event that occurred during a treatment and could cause complications to a patient
Training in disclosing medical treatment information during study	Specific course in third year during study	No specific course but has been highlighted in other courses	Specific course in fourth year during study
Treatment procedure explanation	The procedure of the treatment will be disclosed specifically to the patient	The procedure of the treatment will be disclosed specifically to the patient if there is sufficient time	The procedure of the treatment will be disclosed specifically to the patient
Standard in disclosing medical treatment information	No standardised approach		
Information that should not be disclosed	None	None	Personal background of studies or experiences should not be disclosed
Rarely-happened risk disclosure	Will be disclosed	Will not be disclosed	Will be disclosed
Low-successful rate of treatment disclosure	Propose the low-successful rate treatment although the chance for the patient to recover is low	Propose the low-successful rate treatment based on the patient's condition	Propose the low-successful rate treatment but it depends on the patient whether to get the treatment or not
Informed consent for complication during the treatment	Will wait for the patient to regain consciousness to get new informed consent, if the complication is not severe	Will proceed with the treatment without the new informed consent and the unexpected complication will be informed later	Will obtain the informed consent from the patient's heir

treatment information had been taught in medical school, there would be at least applying it in their practice. As in the case of Physician B, he is entirely free to choose any kind of information, which can be disclosed, to a patient.

With regards to the treatment procedure, some patients may want the physician to provide detailed explanations. Others may be easily disturbed by minor details. Explanation of the treatment is important in order for a patient to provide their full informed consent (17).

In disclosing medical treatment information, it all depends on the physician's perception but it must be in accordance the opinions of other respected medical bodies at that time (18). This is similar to the principle of the *Bolam* case, where the judge upheld that "*a physician is not guilty of negligence if he has acted in accordance with a practice accepted as proper by a responsible body of medical men skilled in that particular art*" (19). From their responses, Physician B applied his physician's therapeutic privileges, an opportunity afforded to physicians to prove they reasonably believed that risk disclosure would prove damaging to a patient (20, 21). Meanwhile, Physician C tends to be direct and open with his patients regarding their illnesses and proposed treatment.

Every patient has the right to know the details of their treatment. The patient relies on their physician to tell them what they need to know. The contentious question is whether there is any information that should not be disclosed? There is no information that should not be shared with a patient, according to all physicians. These parallels with the decision upheld in the case of *Rogers v Whitaker* that took place in 1992, whereby the provision of advice stated that, "*the law should recognise that a physician has a duty to warn a patient of a material risk inherent in the proposed treatment*" (20). However, disclosing every possible material risk is subjected to therapeutic privileges as discussed in the previous paragraph. Therefore, the thought put forth by Physician C is acceptable, but the patient has the right to question anything. From the treatment view, queries on personal background of studies or experiences may be irrelevant when compared to much more important questions on the procedure of the treatment and the risks involved (22).

Some associated risks in a treatment can be said to rarely occur, namely the risk of death during a simple surgery (23). Fatal risks may not be predicted in a particular treatment, but the risk still exists despite its negligible probability. In such cases, the physician may be of two

minds in disclosing it to their patient. From the interview, Physician B's opinion was a paternalistic approach, where he suggested countenance of not disclosing considerable amounts of information if he thought it would not be in the patient's interest to know (24).

Patients are provided treatment choices before they make a decision. They have the right to choose which treatment they intend to proceed with as some treatments may bring them harm. This shifts the focus of decision-making to the physicians if the only option left for their patient was subjecting them to a particular low-successful rate treatment. Despite having knowledge that a treatment has a low success rate, a physician is obligated to inform their patients about it. It is the right of the patient to know all the required information regarding their treatment. When a patient makes a treatment inquiry, physicians are actually required to properly advise them as laid down in the case of *Rogers v Whitaker*, where "*a patient may have special needs or concerns which, if known to the physician, will indicate that special or additional information is required. In a case of that kind, the information to be provided will depend on the individual patient concerned. In other cases, where, for example, no specific inquiry is made, the duty is to provide the information that would reasonably be required by a person in the position of the patient*." (20).

There may be some unexpected complications and additional procedures that are needed during a treatment, but not included in the informed consent. This will bring about a dilemma for physicians on whether they need to obtain new informed consent, or just proceed with the treatment. For this case, different physicians have different approaches.

Conclusion

Based on responses by all three physicians, we can conclude that they have different personalities, different approaches, and different perceptions when it comes to disclosing medical treatment information to their patients. It is important to note that not all physicians are trained in how to disclose medical treatment information. Therefore, they have no standardised method to do so.

From this research, it is suggested that different physicians have different approaches and practices in disclosing medical treatment information to their patients. However, this does not mean that physicians have full control, where they can do whatever they want to. We may imply that physicians know what is best for their patients. They are there to help and not be blamed for their negligence, for which they did not commit on purpose. We hope that this study will serve as a reference for future studies pertaining to disclosure of medical treatment information. A broader research which includes physicians from both public and private hospitals should be conducted to provide better understanding regarding this issue.

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Competing interests

The authors declare that they have no competing interests.

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